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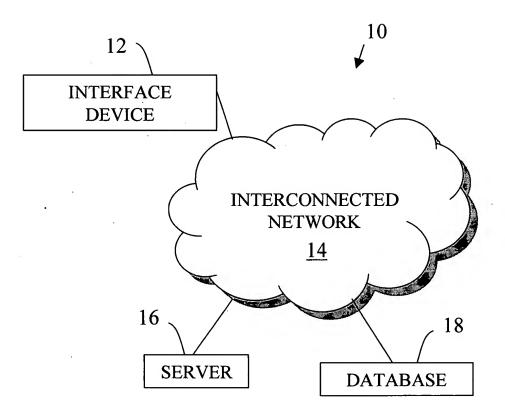


FIG. 1

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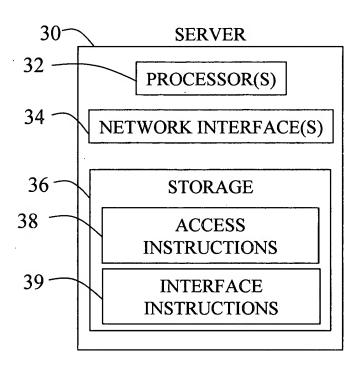
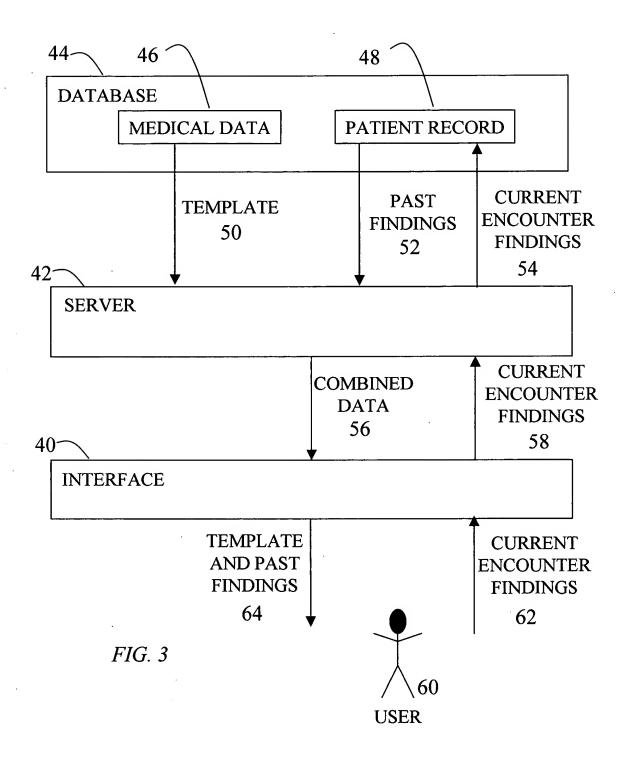


FIG. 2

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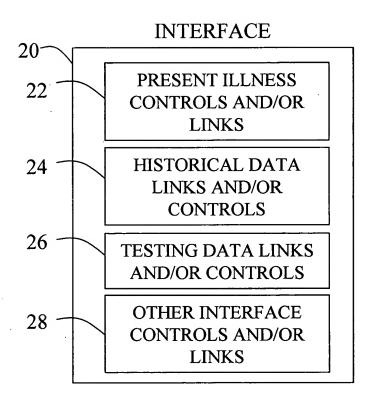


FIG. 4

ReCare 12/1	454 En Marguerite Black		O Page (Contract)
	HPI - F	ollow up N	Update page
,	Subj	ective	
Interim History		Duration of Angl	na
no angina	worsening angina	stable	worsening
stable symptoms	new symptoms	Longest Du	ration Average Duration
mproved improved	worsening symptoms		
compliant with Rx	non-complaint with Rx	Angina Precipita	nt) exertion
Frequency of Angina		atrest	C emotion
stable	more frequent	Refleves Angina	
less frequent	new onset	T rest	nitroglycerin
Severity of Angina			less effective
improved	mild		
stable	moderate		More Angina Details
Increasing	severe		
Pertinent Review of Syste Cardiac Putn		GI	Other
Orthopnea	cough	abdominal	pain anxiety
palpitations	cyanosis	epigastric p	ain ain diaphoresis
	dyspnea, sudden	heartburn	dizziness
syncope	dyspnea, at rest	nausea	pallor
	dyspnea, exertional		weakness
Comment on		A 16 1.	
Pertinent Past History		Pertinent Test Re	
Infarct details	Surgical History	past test results	coronary anglogram
Prescribed Risk Modific		current EKG	echocardiogram
Medications Medical History	Social History	EII	myocardial perfusion study
			Annotate Done

ReCare 12/14/54 C	e C	(mone)
HPI - F	ollow up MI	Update page
Angina (m	ore details)	
Quality of Angina:	Symptoms with Angina	ayan ki ir yaladi Manamada Manayada irdi sami aril bira yayi igaydi 1, i ay maa 1900 baba eestab araab
squeezing crushing	palpitations	dyspnea
heaviness tightness	nausea	diaphoresis
weight like vague		
pressure dull		·
Location of	Angina	
,		
·		÷
		Annotate Done

	ReCare 12/14/54 Pelen Marguerite Black	
Post MI ejection fraction Post MI ejection fraction	HPI - F	ollow up MI Update page
Post MI ejection fraction Post MI ejection fraction	Infarct D) etails
cardiac arrest heart block CHF LV dysfunction SVT ventricular arrhythmia Procedures Post MI Proced		
cardiac arrest heart block CHF LV dysfunction SVT ventricular arrhythmia Procedures Post MI Proced		
CHF	Etiology	Complications ************************************
Type of MI	coronary thrombosis cocaine	cardiac arrest heart block
□ Q wave MI □ trans-mural □ non-Qwave MI □ sub-endocardial □ CABG □ atherectomy □ anterior □ lateral □ normal □ moderately decreased □ mildy decreased □ severely decreased □ heparin □ ANNOTATE □ AN	coronary spasm	CHF LV dysfunction
non-Qwave MI	Type of MI	SVT ventricular arrhythmia
CABG atherectomy Therapy for MI antiplatelet Rx nitrates ASA morphine B-blocker thrombolytic therapy heparin	Q wave MI trans-mural	Territoria
anterior anteroseptal antiplateral antiplatelet Rx nitrates ASA morphine Inferior antiplatelet Rx nitrates ASA morphine B-blocker thrombolytic therapy heparin Annotate		PTCA stent, coronary
inferior lateral antiplatelet Rx nitrates Annotate		CABG atherectomy
Post MI ejection fraction normal		The state of the s
normal moderately decreased B-blocker thrombolytic therapy heparin		antiplatelet Rx nitrates
mildy decreased severely decreased heparin		ASA morphine
Annotate	normal moderately decreased	B-blocker thrombolytic therapy
	mildy decreased severely decreased	heparin

ReCare 12/14/54	te Black	(Stome)
	HPI - Follow up MI	
\$ 800 miles in the control of the co	Current Medication to HPI	
ASA 325mg 1 po gd		
atenolol 25mg 1 po gd		
Nitropatch 0.2mg/hr applied once	daily	
Add Nev	v Medication to HPI & MPL	re
ACE inhibitor	B-blocker	nitrate
<u>antiarrhythmic</u>	calcium channel blocker	metoprolol metoprolol
antiplatelet agent	lipid lowering agent	warfarin
·		
		Annotate [
		Done

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Calcium Channel Blockers amilodipine nifedipine nimodipine nisoldipine nisoldipine verapamil		Annotate "Calciu	ım Channel Blo	cker"	DONE
	Draw	amilodipine diftiazem felodipine	nlfedlpine nlmodipir	ne e	
		isradipine	verapami	1	
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ReCare 12/14/54 Helen Marguerite Black	<u> </u>	(Stome)		
HPI - Fo	ilow up Mi			
Add Current	Add Current Medical Hx to HPI			
Active Problems	Past Medical History	y la se a grandady est a constant		
diabetes mellitus PVD	history of CVA	carotid stenosis		
hypertension hypercholesterolemla	depression	bronchitis		
	al Hx to HPI & M			
AAA renovascular disease	obesity	homocystinuria		
•				
·				
		Annotate		

ReCare 12/14/54	uerite Black	© A Grand
	HPI - Follow up MI	Update page
	EKG Results	
Status		Performed when
normal	new changes	at rest
unchanged	o of all which standards and an international and an international annual annua	during symptoms
Rhythm/Rate		
normal sinus rhythm	respiratory variation	Heart Rate
sinus tachycardia	PAC's	
sinus bradycardia	PVC's	L
Axis		Axis In Degress
normal	rightward deviation	Axis in Degress
☐ leftward deviation	indeterminate	
Intervals		
PR Interva		QTc Interval
QRS Interva		R-R interval
-		
QT Interva		ST Interval
Other	\$ 1	
P waves	ST-T waves	RBBB
sinus node abnormalities	T waves	incomplete RBBB bi/trifascicular block
PR segment AY conduction	<u>U waves</u> LVH criteria	<u>Diviritascicular Diock</u> LAH
AV node disorders	RVH criteria	LPH
QRS complex	MCD	atrial arrhythmias
g waves (significant)	<u>L888</u>	ventricular arrhythmias
ST segments normal	incomplete LBBB	pacemaker capture
	Other EKG findings	
9		Annotate Done

ReCare	12/14/54 Helen Marguerite Black		Thome)
	HPI - F	ollow up Mi	Update page
	Coronary (Draw on	Lesions Graphic)	
	Pate of Cath		
	Date of Cath		
	% left main		% 1st diagonal
	% LAD		% 2nd diagonal
	% LAD, proximal		% acute marginal
	% circumflex		% PDA
	% RCA, dominant		% obtuse marginal
	% RCA, non-dominant		other vessel
			Annotate Done

FIG. 12

Atty Dkt No.: 1039-0060

Inventor: Eric Wohl, et al. Atty: John R. Schell (512) 327-5515

ReCare	12/14/54 Peten Marguerite Black
	Annotate "Follow up MI"
Draw	
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FIG. 13

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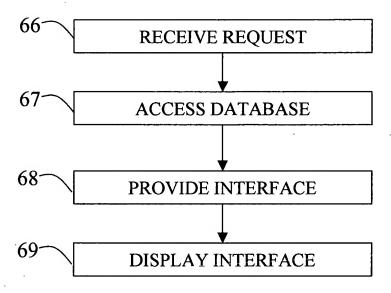


FIG. 14

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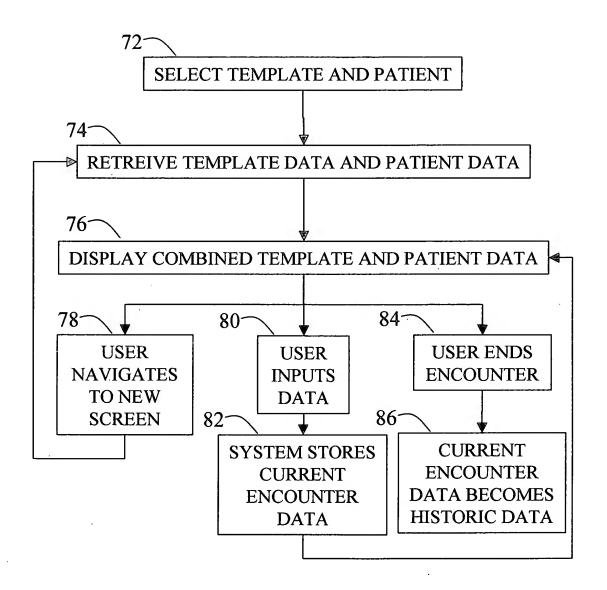


FIG. 15